Illinois Department of Public Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002364			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING	10/08/2020			
	PROVIDER OR SUPPLIER	1701 NOF DANVILL	DRESS, CITY, RTH BOWM/ E, IL 61832			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	TIVE ACTION SHOULD BE COMPLETE DATE	
s 000	Initial Comments		S 000			
	Annual Certification	Survey				
	Licensure First Probationary Survey					
S9999	Final Observations		S9999			
-	Statement of Licensure Violations:					
	1 of 2					
	300.615 e) 300.625 c)1) 300.625 c)2) 300.625 f)4) 300.625 j)					
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)					
	history background is an identified offer	entified Offenders of a resident's criminal check reveal that the resident ider as defined in Section the facility shall do the		Attachment A Statement of Licensure Violations	3	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6002364 **B. WING** 10/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN ARCADIA CARE DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 following: Immediately notify the Department of 1) State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. If identified offenders are residents of a facility, the facility shall comply with all of the following requirements: If the identified offender is on probation, parole, or mandatory supervised release, the facility shall contact the resident's probation or parole officer, acknowledge the terms of release, update contact information with the probation or parole office, and maintain undated contact information in the resident's record. The record must also include the resident's criminal history record. Upon admission of an identified offender j) to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.

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These requirements are not met.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND FINIT OF CONTECTION		DEMINION TON NOMBER	A. BUILDING:	A. BUILDING:		COMPLETED	
		IL6002364	B. WING		10/08/2020		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE				
AKCADIA CAKE DANVILLE			RTH BOWMAN E, IL 61832				
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S9999	stated the facility is background check thours of R75's admit background check to background check a ldentified Offender Report was never or recommendations with R75's Care Plan. Were never obtained of facility to obtain fitted the facility policy tit.	50 AM, V1, Administrator, unable to provide a that was completed within 24 dission and that the dated 7/8/20 was the only available. V1 stated the Report and Recommendation obtained and therefore were never implemented on 1/1 stated R75's fingerprints d and R75 was never sent out	\$9999	417			
	facility shall incorpo Report and Recommidentified offender's security measures I documented and a documentation." (B) 2 of 2 300.1210 b) 300.1220 b)3)	are identified offenders, the rate the Identified Offender mendations Report into the plan of care including the isted. Reports should be record kept of the				5.5	
	Section 300.1210 (Nursing and Person b) The facility scare and services to	General Requirements for hal Care shall provide the necessary of attain or maintain the highest mental, and psychological					

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requiring limited assistance with transfers and

R75's Nurse Progress Notes document R75 having aggressive behaviors on 5/7/20 by punching R67 while holding R67 down; 8/19/20 by throwing a computer, papers, and desk phone at staff; 8/22/20 by attempting to throw a plate cover at R128, and then on the same date grabbing R128's leg attempting to pull R128 out

supervision for walking in corridors.

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 R67's Undated Face Sheet documents. diagnoses of: Malignant Neoplasm of Bladder. Artificial Opening of the Urinary Tract. Schizophrenia and Epilepsy, R67's Care Plan intervention, dated 3/18/19, documents to provide R67 with a wheelchair in moments of weakness.

R67's Minimum Data Set (MDS), dated 8/12/20, documents a Brief Interview for Mental Status score of 12/15 (cognitively intact). This same MDS documents R67 as requiring limited assistance of one staff member for transfers.

R67's Hospital records from 4/23/20 stav document R67 had a Nephrostomy Tube that had dislodged and not replaced. R67's Hospital record, dated 5/8/20, document R67 is at risk for infection due to Neutropenia.

R67's Nurse Progress Note, dated 5/7/20 at 1:52 PM, documents R67 reports that R75 gave R67 dirty looks two times, and on the second time R75 put R75's hands on R67's shoulders, then R75

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abuse/neglect. This same Care Plan documents

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Hospital Records from 8/12/20-9/9/20 hospital

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V22 stated should have updated R75's Care Plan

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